

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/466229</u>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
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49											
50		1									
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS		1									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											